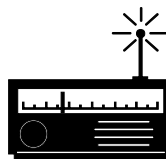


Application for

**CERTICATES OF REGISTRY (COR)**

**OR**

**RADIO OFFICER**



Attached are all the forms and information you will need to apply for a Merchant Marine License and Merchant Mariner's Document (MMD).

**U.S. Coast Guard Marine Safety Office  
Regional Exam Center (REC) Charleston, SC  
196 Tradd Street, Charleston, SC 29401-1899**

**Office Hours**

Monday – Friday: 7:30 AM – 4:00 PM (Closed all Federal Holidays)

Applications and supporting documents may be dropped off during normal business hours. Due to the current volume of work we are unable to process evaluations on-the-spot while you wait, but we will look over the paperwork to make sure everything is enclosed. Those mariners requiring oaths will be administered the oath when dropping off paperwork in person. Renewals of licenses and documents; requests for STCW certificates; and some endorsements, raise in grades, and original licenses not requiring examination are processed by mail. Mariners applying for original documents must appear in person for issuance of the document. Those mariners requiring an examination will be scheduled an appointment for testing after the processing of the paperwork is complete. To be fair to all mariners, applications and supporting documents, whether dropped off in person or received through the mail, are date stamped and processed in date order.

**Phone Numbers**

1(800) 826-1511 (NC, SC, GA, FL – 904 area code)

(843) 724-7693

Fax (843) 720-7725

**Phone Hours**

Monday, Tuesday, Thursday, and Friday

9:30 am – 12:00 p.m. and 1:30 p.m. to 3:00 p.m.

Wednesday

Phones are **not answered** on this day to allow evaluators  
an entire day to work on backlog only.

**Web Info**

[www.uscg.mil/stcw/](http://www.uscg.mil/stcw/)

The e-mail address for the Regional Exam Center Chief  
[dmyers@msocharleston.uscg.mil](mailto:dmyers@msocharleston.uscg.mil)

**Directions**

From Savannah - Take Highway 17 traveling North (Savannah Highway) to the Riverview Holiday Inn (located at the foot of the Ashley River bridges before you cross the bridge). Stay in the far right lane and cross the bridge leading into the city of Charleston. This will put you on Lockwood Blvd. Follow Lockwood past the city marina and Amoco Gas Station. After the sharp curve on Lockwood, which then turns into Broad Street, take the first street on the right, which is Chisolm St. Go to the first stop sign and take a right, which is Tradd Street. Go to the end of Tradd St. The Coast Guard Base Charleston is located on the right side. Free parking is available on the street directly in front of the base. Photo identification is required for all persons entering the base.

From Georgetown - Take Highway 17 traveling South over the Cooper River Bridge. After crossing the bridge, take the first exit for Rutledge Avenue. At the light take a left (Rutledge is one way). Stay on Rutledge and pass Colonial Lake (man-made lake on the right). Go through the stop light after passing the lake and continue on Rutledge Avenue to Tradd Street. Take a right onto Tradd St. Coast Guard Base Charleston is on the right. Free parking is available on the street directly in front of the base. Photo identification is required for all persons entering the base.

From Columbia - Take I-26 to Charleston until it ends at Highway 17. Continue south on Hwy 17 and take the first exit for Rutledge Avenue. At the light take a left (Rutledge is one way). Stay on Rutledge and pass Colonial Lake (man-made lake on the right). Go thru the stop light after passing the lake and continue on Rutledge Avenue to Tradd Street. Take a right onto Tradd St. Coast Guard Base Charleston is on the right. Free parking is available on the street directly in front of the base. Photo identification is required for all persons entering the base.

**Finger Print Cards (For Original Applicants Only)**

The fingerprint cards will be mailed to you upon completion of your initial evaluation process.

**Oaths on the Application Form (For Original Applicants Only)**

Coast Guard officials must administer oaths. **Notaries are not allowed.** Original applicants will be administered the oath at the REC if appearing in person. License applicants who are not required to appear in person (those not required to test) may have their oaths administered at a Coast Guard facility closest to them. Call the REC for information on the closest facility available. See the enclosed "Verification of Identification of Mariner and Witnessing of Oath" form for this purpose.

### **CHECKLIST – For License and MMD**

- ☐ **Application Form (CG-719B)** – This form is required for ALL license/MMD transactions. The REC's backlog of applications varies from week-to-week. As such, the processing time for completion of your application may vary.
- ☐ **Physical Examination Report Entry Level (CG-719KE)** – All **Certificate of Registry** applicants must complete a physical examination report certifying you are competent by a medical professional. The report must be dated within one year of the date of application.
- ☐ **Physical Examination Report (CG-719K)** – This form is required for all **Radio Officer** applicants. The form must be dated within one year of application.
- ☐ **Report of Chemical Drug Test:** Letter from company, Certification From Medical Review Officer, or Optional - **SAMHSA Periodic Drug Testing Form (CG-719P)** - See CG –719P Drug Test Form for further information.
- ☐ **Character References (Original Applicants Only)** - Original license applicants must submit three written recommendations attesting to your suitability for a Coast Guard License. Persons who have knowledge of the applicant's suitability for duty must submit these.
- ☐ **Social Security Card (Original Applicants Only)** - Original social security card or other satisfactory evidence of applicants number.
- ☐ **Proof of citizenship (Original Applicants Only) and any legal name change** - All **original** MMD applicants must provide the original (or in the case of the birth certificate, a certified copy from the state of origin) of one of the following:
  - Birth certificate, or naturalization certificate, **or**
  - Baptismal certificate (recorded within one year after birth), **or**
  - U. S. Passport.
  - No application from an alien shall be accepted unless the alien presents acceptable documentary evidence from the U. S. Immigration and Naturalization Service that he/she is lawfully admitted to the United States for permanent residence, **and**
  - Acceptable evidence of nationality
- ☐ **Camera Set Up Form (For Document Applicants Only)**– Include a recent (within 1 year ) passport-sized photo, place your left thumbprint in the box indicated (use black ink), and sign your name in the center of the signature box using a medium to wide point black ink pen.
- ☐ **Finger Print Cards (Original Applicants Only)** – See the local REC information page included in this package (page 2).
- ☐ **User Fees** – Please ensure check or money order is payable to U.S. Coast Guard and has your name, address, phone number, and social security number on it. For your convenience, we have provided an optional form for your use when paying by credit card.

<b>Application For</b>	<b>Evaluation</b>	<b>License/COR Issuance fee</b>	<b>MMD Issuance fee</b>	<b>Total</b>
Original Radio Operator & MMD	\$50.00	\$45.00	\$45.00	\$140.00
Original COR & MMD	\$90.00 if you	\$45.00	\$45.00	\$180.00

	already hold an MMD \$105 if no previous MMD			or \$195.00
Renewal	\$50.00	\$45.00	\$45.00	\$140.00

**Additional Information:**

- ☐ **Copy of the front and back** of your license, COR, MMD and/or STCW Certificate, if you hold a license, COR, MMD and/or STCW.
- ☐ **For Radio Operators only:** You must provide a valid 1<sup>st</sup> or 2<sup>nd</sup> Class Radiotelegraph Operator License issued by the Federal Communications Commission (FCC).
- ☐ **For Certificates of Registry as Staff Officer (COR):** Each staff officer rating must submit a letter justifying the need for a COR **and** meet the following requirements:
  - ☐ **Medical Doctor**--A valid license as physician or surgeon issued under the authority of a state or territory of the United States, the Commonwealth of Puerto Rico, or Washington, D. C.
  - ☐ **Professional Nurse**--A valid license as a registered nurse issued under the authority of a state or territory of the United States, the Commonwealth of Puerto Rico, or Washington, D. C.
  - ☐ **Purser:**
    - ☐ **Junior Assistant Purser**- No experience required.
    - ☐ **Senior Assistant Purser**- 180 days service aboard vessels performing duties relating to work in the purser's office
    - ☐ **Purser**-360 days service aboard vessels performing duties relating to work in the purser's office.
    - ☐ **Chief Purser**-720 days service aboard vessels performing duties relating to work in the purser's office.

Further endorsements that can be added to your Certificate of Registry:

- ☐ **Marine Physician Assistant**-Successful completion of an accredited course of instruction for a physician's assistant or nurse practitioner program.
- ☐ **Hospital Corpsman**- A rating of hospital corpsman or health service technician, 1<sup>st</sup> Class, in the U.S. Coast Guard, U.S. Navy, U.S. Marine Corps, or an equivalent rating in the U.S. Army (not less than staff sergeant, Medical Dept, U.S.A.) or U.S. Air Force (not less than technical sergeant, Medical Dept, U.S.A.F.); **AND** at least 30 days satisfactory service in a military or U.S. Public Health Service Hospital.

**AFTER JANUARY 31, 2002 (IF APPLICABLE)**

**INTERNATIONAL CONVENTION ON STANDARDS OF TRAINING,  
CERTIFICATION AND WATCHKEEPING OF SEAFARERS (STCW)**

**STCW applies only to mariners employed on vessels operating seaward of the boundary line specified in 46 CFR Part 7.**

- ☐ **COR:** If you are qualified as either a person in charge of medical care or a medical first aid provider you may be issued an STCW Certificate in addition to the COR.
- ☐ **Radio Officer:** If you are qualified as a GMDSS radio officer you may be issued an STCW certificate in addition to your license.

**STCW-95 Certificate** – To obtain an STCW Certificate, provide either the original training certificates or notarized copies. (Original certificates will be returned to the applicant). There is no charge for an STCW.

- ☐ **Photo:** One recent passport-size photograph
- ☐ **Basic Safety Training Certificates:** (Personal Survival Techniques, Fire Fighting/ Fire Prevention, First Aid, Personal Safety and Social Responsibilities)
- ☐ **GMDSS Certificates:** (For Radio Officers) Completion of a Coast Guard approved course for operator of radio in the GMDSS, or other approved programs of training and assessment covering the same areas of competence.
- ☐ **FCC License:** for GMDSS (For Radio Officers) Operator of radio in the GMDSS issued by the Federal Communications Commission (FCC).

**PIC-Medical Care and Medical First Aid Provider:** (For COR) Completion of a Coast Guard approved course of training in medical care or medical first aid, as appropriate.

**Enclose with packet:**

- **Application Form CG 719B**
- **Physical Exam Form CG 719K or CG-719KE**
- **Drug Test Information Sheet CG 719P**
- **Camera Setup Form**
- **Authorization for Credit Card Transactions**

☐

# Application for License as an Officer, Staff Officer, or Operator and for Merchant Mariner's Document

## Section I - Personal Data

Name (Last, First, Middle) (Maiden Name if applicable)			Social Security Number
Date of Birth (Month, Day, Year) ____/____/____	Place of Birth (City, State, Country)		Country of Citizenship
Color of Eyes	Color of Hair	Height _____ft _____in	Weight _____lbs
Mailing Address, City, State, Zip Code (PO Boxes are acceptable)		Phone Number (Area Code)	
		FAX Number	
		E-mail Address	
Next of Kin's Name and Mailing Address, City, State, Zip Code		Relationship	
		Next of Kin's Phone Number (Area Code)	
		Next of Kin's E-mail Address	

### Parental or Guardian's Consent

☐ I am under 18 years old and a **notarized statement of parental/guardian consent is attached.**

## Section II - Type of Transaction

Transaction	Original	Renewal	Raise in Grade	Endorsement	Duplicate*
<input type="checkbox"/> License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Merchant Mariner's Document (MMD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Seafarer's Training, Certification & Watchkeeping (STCW Certificate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificates of Registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificates of Discharge					

**\* If requesting a duplicate for a lost or stolen License/MMD attach a signed statement explaining how, when and where your credentials were lost or stolen and your efforts to recover them.**

### Applying for:

Grade of License (include tonnage, waters, propulsion mode, horsepower, etc.); or MMD rating (Able Seaman, QMED-Oiler, etc.)

### Current or Previous License/Merchant Mariner's Document History

Description of License/Merchant Mariner's Document	Place of Issue	Date of Issue

**Application for License as an Officer, Staff Officer, or  
Operator and for Merchant Mariner's Document**

**Section III - Narcotics, DWI/DUI, and Conviction Record**

Yes (X)	No (X)	Indicate your answers to the following questions; sign and date at the bottom of this section.
		Have you ever been convicted of violating a dangerous drug law of the United States, District of Columbia, or any state, or territory of the United States? (This includes marijuana.) <b>(If yes, attach statement)</b>
		Have you ever been a user of/or addicted to a dangerous drug, including marijuana? <b>(If yes, attach statement)</b>
		Have you ever been convicted by any court – including military court – for an offense other than a minor traffic violation? Conviction means found guilty by judgement or by plea and includes cases of deferred adjudication (NOLO CONTENDERE, adjudication withheld, etc.) or where the court required you to attend classes, make contribution of time or money, receive treatment, submit to any manner of probation or supervision, or forgo appeal of a trial court finding? Expunged convictions must be reported unless the expungement was based upon a showing that the court's earlier conviction was in error. <b>(If yes, attach statement)</b>
		Have you ever been convicted of a traffic violation arising in connection with a fatal traffic accident, reckless driving or racing on the highway or operating a motor vehicle while under the influence of, or impaired by, alcohol or a controlled substance? <b>(If yes attach statement)</b>
		Have you ever had your driver's license revoked or suspended for refusing to submit to an alcohol or drug test? <b>(If yes, attach statement)</b>
		Have you ever been given a Coast Guard Letter of Warning or been assessed a civil penalty for violation of maritime or environmental regulations? <b>(If yes, attach statement)</b>
		Have you ever had any Coast Guard license or document held by you revoked, suspended or voluntarily surrendered? <b>(If yes, attach statement)</b>

**I have attached a statement of explanation for all areas marked "yes" above. I signed this section with full understanding that a false statement is grounds for denial of the application as well as criminal prosecution and financial penalty. I understand that failure to answer every question will delay my application.**

**X** Signature of Applicant agreeing to the above statement

Date

**Section IV – Character References (For Original License Applicants Only)**

☐ I am an Original License Applicant and have attached three letters of written recommendation.

**Section V - Mariner's Consent**

**National Driver Registry (NDR) (Mandatory):** I authorize the National Drivers Registry, through a designated State Department of Motor Vehicles, to furnish the U.S. Coast Guard (USCG) information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. I understand the USCG will make the information received from the NDR available to me for review and written comment prior to taking any action against my License or Merchant Mariner's Document. Authority: 46 U. S. C. 7101(g) and 46 U. S. C. 7302(c).

**X** Signature of Applicant

Date

**Mariner's Tracking System (Optional):** I consent to voluntary participation in the Mariner's Tracking System to be used by the Maritime Administration (MARAD) in the event of a national emergency or sealift crisis. In such an emergency, MARAD would disseminate my contact information to an appropriate maritime employment office to determine my availability for possible employment on a sealift vessel. This is not a Reserve program nor does it guarantee call-up for employment. This authorization can be revoked at any time by contacting an U.S. Coast Guard Regional Examination Center (REC).

**X** Signature of Applicant

Date

**Application for License as an Officer, Staff Officer, or  
Operator and for Merchant Mariner's Document**

**Section VI - Certification and Oath**

**Certification (Mandatory)**

Whoever, in any manner within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, violates the U. S. Criminal Code at Title 18 U. S. C. 1001 which subjects the violator to Federal prosecution and possible incarceration, fine or both.

I certify that the information on this application is true and correct and that I have not submitted any application of any type to the Officer-in-Charge, Marine Inspection in any port and been rejected or denied within 12 months of this application.

**X** Signature of Applicant

Date

**Oath (For Originals Only and Signature must be witnessed)**

I do solemnly swear or affirm that I will faithfully and honestly, according to my best skill and judgment, and without concealment and reservation, perform all the duties required of me by the laws of the United States. I will faithfully and honestly carry out the lawful orders of my superior officers aboard a vessel.

**X** Signature of Applicant

Date

Signature of Coast Guard Official or Notary

Date

**Section VII – Application Review**

**[Regional Exam Center Use Only]**

Signature of Approving Official		REC	(Application has been reviewed on this date) Date
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**Section VIII– License / MMD Issued**

License Type (wording)		Document Rating	
Issue Number	Serial Number	Social Security Number	
Expiration Date		Expiration Date	
Signature of Issuing Official		Date	REC

**Section IX - Duplicate Transactions**

**[National Maritime Center Use Only]**

Name (First, Last Middle)		Social Security Number
Date of Birth	Place of Birth	
Citizenship	Date Naturalized	
Duplicate Number	Collect Additional Fee Op.	
Ratings/Endorsements Authorized		



## Application for License as an Officer, Staff Officer, or Operator and for Merchant Mariner's Document

### PRIVACY ACT STATEMENT

In accordance with 5 U. S. C. 552a(e)(3), THE FOLLOWING INFORMATION IS PROVIDED TO YOU WHEN SUPPLYING PERSONAL INFORMATION TO THE U.S. COAST GUARD.

1. AUTHORITY WHICH AUTHORIZED THE SOLICITATION OF INFORMATION
  - A. 46 U. S. C. 7302, 7305, 7314, 7316, 7319, AND 7502
  - B. SEE 46 CFR PARTS 10 AND 12.
2. PRINCIPLE PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED.
  - A. TO ESTABLISH ELIGIBILITY FOR A MERCHANT MARINER'S DOCUMENT, DUPLICATE DOCUMENTS, OR ADDITIONAL ENDORSEMENTS ISSUED BY THE COAST GUARD.
  - B. TO ESTABLISH AND MAINTAIN A CONTINUOUS RECORD OF THE PERSONS DOCUMENTATION TRANSACTIONS.
  - C. PART OF THE INFORMATION IS TRANSFERRED TO A FILE MANAGEMENT COMPUTER SYSTEM FOR A PERMANENT RECORD.
3. THE ROUTINE USES WHICH MAY BE MADE OF THE INFORMATION:
  - A. TO MAINTAIN RECORDS REQUIRED BY 46 U. S. C. 7319 AND 7502.
  - B. TO ENABLE ELIGIBLE PARTIES (*i.e. the mariner's heirs or properly designated representative*) TO OBTAIN INFORMATION.
  - C. TO PROVIDE INFORMATION TO THE U.S. MARITIME ADMINISTRATION FOR USE IN DEVELOPING MANPOWER STUDIES AND TRAINING BUDGET NEEDS.
  - D. TO DEVELOP INFORMATION AT THE REQUEST OF COMMITTEES OF CONGRESS.
  - E. TO PROJECT BILLET ASSIGNMENTS AT COAST GUARD MARINE INSPECTION/SAFETY OFFICES.
  - F. TO PROVIDE INFORMATION TO LAW ENFORCEMENT AGENCIES FOR CRIMINAL OR CIVIL LAW ENFORCEMENT PURPOSES.
  - G. TO ASSIST U.S. COAST GUARD INVESTIGATING OFFICERS AND ADMINISTRATIVE LAW JUDGES IN DETERMINING MISCONDUCT, CAUSES OF CASUALTIES, AND APPROPRIATE SUSPENSION AND REVOCATION ACTIONS.
4. WHETHER OR NOT DISCLOSURE OF SUCH INFORMATION IS MANDATORY OR VOLUNTARY (Required by law or optional) AND THE EFFECTS ON THE INDIVIDUAL, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION IS VOLUNTARY, DISCLOSURE OF THIS INFORMATION IS VOLUNTARY, BUT FAILURE TO PROVIDE MAY RESULT IN NON-ISSUANCE OF THE REQUESTED DOCUMENT(S).

"An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number."

"The Coast Guard estimates that the average burden for this report is 10 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (G-CIM), U. S. Coast Guard, 2100 2<sup>nd</sup> Street, SW, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (2115-0514), Washington, DC 20503."

## Merchant Marine Physical Examination/Certification Report

### Instructions for Applicant

**This section gives details for the completion of appropriate sections of this form. If you are applying for:**

1. **ORIGINAL LICENSES AND/OR QUALIFIED RATING DOCUMENTS** (i.e., *First Rating of Able Seaman, Qualified Member of the Engine Department, and Tankerman*) – You must complete the entire report.
2. **RENEWALS FOR LICENSES AND QUALIFIED RATING DOCUMENTS** – You must complete Sections:  
**I-Applicant Information, III-Vision, V-Hearing, and VII-Certification of Physical Impairment or Medical Conditions.**
3. **RAISE-IN-GRADES (LICENSES)** – You must complete Sections: **I- Applicant Information and VII-Certification of Physical Impairment or Medical Conditions.**

### Instructions for Physician/Physician's Assistant/Nurse Practitioner

**The U.S. Coast Guard requires a physical examination/certification to determine that all holders of Coast Guard issued licenses and Merchant Mariner documents (Note: the list below may be some of the physical demands placed on the Applicant as part of his/her assigned duties):**

- Are of sound health.
  - Have no physical limitations that would hinder or prevent performance of duties.
  - Are capable of working in cramped spaces on rolling vessels.
  - Are able to maintain balance on a moving deck.
  - Are able to rapidly don an exposure suit.
  - Are able to step over door sills of 24 inches in height.
  - Are able to open or close watertight doors that may weigh up to 56 pounds.
  - Are able to pull heavy fire hoses a distance of 400 feet, and have the ability to lift fully charged fire hoses.
  - Are able to climb steep stairs or vertical ladders without assistance.
  - In an emergency must be able to fully participate in the firefighting and lifesaving efforts including wearing a self-contained breathing apparatus (SCBA).
  - Are physically and mentally able to stay alert for 4 to 6-hour shifts.
  - Are free from any medical conditions that pose a risk of sudden incapacitation which would affect operating or working on vessels.
1. Detailed guidelines on potentially disqualifying medical conditions may be obtained from any U.S. Coast Guard Regional Exam Center or by calling the National Maritime Center at (202) 493-1000.
  2. Examples of physical impairment or medical conditions that could lead to disqualification include impaired vision, color vision or hearing; poorly controlled diabetes; multiple or recent myocardial infarctions; psychiatric disorders; and convulsive disorders. In short, any condition that poses an inordinate risk of sudden incapacitation or debilitating complication, and any condition requiring medication that impairs judgement or reaction time are potentially disqualifying and will require a detailed evaluation.
  3. Engineer Applicants only need be able to distinguish Red, Yellow, Green, and Blue. However, the Color Vision Test must still be noted on the Examination with a statement of proof, attesting to his/her ability to distinguish the stated colors.
  4. This applicant should present photo identification before the physical examination/certification.

**Section I – Applicant Information**

Name (Last, First, Middle) of Applicant	
Date of birth (Month, Day, Year)	Social Security Number

**Section II - Physical Information**

Eye color	Hair color	Weight _____ lbs	Distinguishing Marks
Height _____ ft _____ in	Blood Pressure Systolic _____ / Diastolic _____		Pulse Resting _____ <input type="checkbox"/> Regular <input type="checkbox"/> Irregular

**Section III - Vision**

**NOTE: If you have correctable vision, BOTH Uncorrected and Corrected MUST be completed.**

UNCORRECTED VISION		CORRECTED VISION		FIELD OF VISION	
Right 20 / _____	Left 20 / _____	Right 20 / _____	Left 20 / _____	<input type="checkbox"/> Normal	Degrees- Rt _____ Lt _____
				<input type="checkbox"/> Abnormal	

**Section IV – Color Vision (For Engineer Applicants refer to Note 3, found in the Instructions, Page 1)**

<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	<b>Mariners must be tested using one of the following tests; indicate the test. Color sensing lenses are prohibited.</b>														
<table><tr><td><b>Pseudoisochromatic Plates</b></td><td><input type="checkbox"/> Eldridge - Green Perception Lantern</td></tr><tr><td><input type="checkbox"/> Divorine - 2nd Ed</td><td><input type="checkbox"/> Farnsworth Lantern (FALANT)</td></tr><tr><td><input type="checkbox"/> AOC</td><td><input type="checkbox"/> Keystone Orthoscope</td></tr><tr><td><input type="checkbox"/> AOC Rev Ed</td><td><input type="checkbox"/> Keystone Telebinocular</td></tr><tr><td><input type="checkbox"/> AOC - HRR</td><td><input type="checkbox"/> SAMCTT</td></tr><tr><td><input type="checkbox"/> Ishihara 16, 24, 38 Plate Ed</td><td><input type="checkbox"/> Titmus Optical Vision Test</td></tr><tr><td></td><td><input type="checkbox"/> Williams Lantern</td></tr></table>		<b>Pseudoisochromatic Plates</b>	<input type="checkbox"/> Eldridge - Green Perception Lantern	<input type="checkbox"/> Divorine - 2nd Ed	<input type="checkbox"/> Farnsworth Lantern (FALANT)	<input type="checkbox"/> AOC	<input type="checkbox"/> Keystone Orthoscope	<input type="checkbox"/> AOC Rev Ed	<input type="checkbox"/> Keystone Telebinocular	<input type="checkbox"/> AOC - HRR	<input type="checkbox"/> SAMCTT	<input type="checkbox"/> Ishihara 16, 24, 38 Plate Ed	<input type="checkbox"/> Titmus Optical Vision Test		<input type="checkbox"/> Williams Lantern
<b>Pseudoisochromatic Plates</b>	<input type="checkbox"/> Eldridge - Green Perception Lantern														
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<input type="checkbox"/> AOC	<input type="checkbox"/> Keystone Orthoscope														
<input type="checkbox"/> AOC Rev Ed	<input type="checkbox"/> Keystone Telebinocular														
<input type="checkbox"/> AOC - HRR	<input type="checkbox"/> SAMCTT														
<input type="checkbox"/> Ishihara 16, 24, 38 Plate Ed	<input type="checkbox"/> Titmus Optical Vision Test														
	<input type="checkbox"/> Williams Lantern														

**Section V - Hearing**

<input type="checkbox"/> NORMAL <input type="checkbox"/> IMPAIRED (If impaired, complete Audiometer and Functional Speech Discrimination Test)				
<b>Audiometer (Threshold Value)</b>	<b>500 Hz</b>	<b>1000 Hz</b>	<b>2000 Hz</b>	<b>3000 Hz</b>
<b>Right Ear (Unaided)</b>				
<b>Left Ear (Unaided)</b>				
<b>Right Ear (Aided)</b>				
<b>Left Ear (Aided)</b>				
<b>Functional Speech Discrimination Test at 55 dB</b>		<b>Right Ear (Unaided) _____ %</b>		<b>Left Ear (Unaided) _____ %</b>
		<b>Right Ear (Aided) _____ %</b>		<b>Left Ear (Aided) _____ %</b>

**Section VI - Medications**

List all medications (current and past), including dosage and possible side effects. State the condition(s) for which the medication(s) are/were taken.	<input type="checkbox"/> NO PRESCRIPTION MEDICATIONS
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# Merchant Marine Personnel Examination/Certification Report

## Section VII – Certification of Physical Impairment or Medical Conditions

<b>Does the Applicant have or ever suffered from any of the following? If YES, PROVIDE TEST RESULTS, AS INDICATED.</b>		<b>If YES:</b> <ul style="list-style-type: none"> <li>- Identify the condition</li> <li>- Any limitations</li> <li>- List Current/Past RX's</li> <li>- Date of diagnosis</li> <li>- Prognosis</li> <li>- Is condition controlled; how long</li> </ul>	
<b>No</b>	<b>Yes</b>	<b>1. Circulatory System</b> a. Heart disease ( <b>Stress Test w/in the past year</b> ) b. Hypertension ( <b>recent BP reading</b> ) c. Chronic renal failure d. Cardiac surgery ( <b>Stress Test w/in the past year</b> ) e. Blood disorder/vascular disease <b>2. Digestive System</b> a. Severe digestive disorder <b>3. Endocrine System</b> a. Thyroid dysfunction ( <b>TSH level within the past year</b> ) b. Diabetes ( <b>State effects on vision &amp; HgbA1c w/in 30 days</b> ) <b>4. Infectious</b> a. Communicable disease b. Hepatitis A, B or C c. HIV d. Tuberculosis <b>5. Mental System</b> a. Psychiatric disorder b. Depression c. Attempted suicide d. Alcohol abuse e. Drug abuse f. Loss of memory <b>6. Musculoskeletal System</b> a. Amputations b. Impaired range of motion c. Impaired balance/coordination <b>7. Nervous System</b> a. Epilepsy/seizure b. Dizziness/unconsciousness c. Paralysis <b>8. Respiratory System</b> a. Asthma ( <b>PFT results w/in the past year</b> ) b. Lung disease ( <b>PFT results w/in the past year</b> ) <b>9. Other</b> a. Debilitating allergies b. Other eye disease ( <b>Corrected/Uncorrected Visual acuity</b> ) c. Glaucoma ( <b>Pressure test results w/in the past year</b> ) d. Recent or repetitive surgery e. Sleepwalking f. Severe speech impediment g. Other illness or disability not listed	<b>Remarks (Please Print)</b>

<b>Considering the findings in this examination, and noting the duties to be performed by the Applicant aboard a vessel of the United States, I consider the Applicant (please check one)</b>				<input type="checkbox"/> <b>Competent</b>	<input type="checkbox"/> <b>Not competent</b>	<input type="checkbox"/> <b>Needing further review</b>
<b>Name of Physician/Physician's Assistant/Nurse Practitioner</b>		<b>License Number.</b>	<b>Telephone Number</b>	<b>Office Address, City, State, Zip</b>		
<b>Signature of Physician/Physician's Assistant/Nurse Practitioner</b>			<b>Date</b>			
<b>I certify that all information provided by me is complete and true to the best of my knowledge</b>						<b>Date</b>
<b>X Signature of Applicant</b>						

## Merchant Marine Personnel Examination/Certification Report

### Privacy Act Statement

As required by 5 U.S.C. 552a(e)(3), the following information is provided when supplying personal information to the U.S. Coast Guard.

1. Authority for solicitation of the information: 46 U.S.C. 2104(a), 7101(c)-(e), 7306(a)(4), 7313(c)(3), 7317(a), 8703(b), 9102(a)(5).
2. Principal purposes for which information is used:
  - a. To determine if an applicant is physically capable of performing shipboard duties.
  - b. To ensure that a duly licensed Physician/Physician's Assistant/Nurse Practitioner conducts the applicant's physical examination/certification and to verify the information as needed.
3. The routine uses which may be made of this information:
  - a. This form becomes a part of the applicant's file as documentary evidence that regulatory physical requirements have been satisfied and the applicant is physically competent to hold a merchant marine license or document.
  - b. The information becomes part of the total license or document file and is subject to review by federal agency casualty investigators.
  - c. This information may be used by the Coast Guard and an Administrative Law Judge in determining causation of Marine Casualties and appropriate Suspension and Revocation action.
4. Disclosure of this information is voluntary, but failure to provide this information will result in non-issuance of a license or Merchant Mariner's Document(s).

"An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number."

"The Coast Guard estimates that the average burden for this report is 10 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (G-CIM), U. S. Coast Guard, 2100 2<sup>nd</sup> Street, SW, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (2115-0514), Washington, DC 20503."

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-719K/E (Rev 7/01 TEST)	<b>Merchant Marine Certification of Fitness for Entry Level Ratings</b>	OMB-2115-0514  Page 1
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### Section I – Applicant Information

Name (Last, First, Middle) of Applicant	Social Security Number
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### Section II – Physical Information

Height: _____ ft _____ in	Eye Color:	Distinguishing Marks:
Weight: _____ lbs	Hair Color:	

### Section III – Physical Agility Certification

**An Applicant for an Entry Level Rating** [ordinary seaman, wiper, or steward's department member (food handler)], **is not required to complete a physical examination**, but they **must** have the agility, strength, and flexibility to:

- Climb steep or vertical ladders.
- Maintain balance on a moving deck.
- Pull heavy fire hoses up to 400 feet, and have the ability to lift fully charged fire hoses.
- Rapidly don an exposure suit.
- Step over door sills of 24 inches in height.
- Open or close watertight doors that may weigh up to 56 pounds.

**Place an X in the appropriate block below.**

<input type="checkbox"/> Applicant has the physical strength, agility, and flexibility to perform <b>all</b> of the items listed above.	<input type="checkbox"/> Applicant does <b>NOT</b> have the physical strength, agility, and flexibility to perform any one of the items listed above.
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<b>Considering the above requirements and noting the duties to be performed by the Applicant aboard a vessel of the United States, I consider the Applicant (Please check one)</b>	<input type="checkbox"/> Competent	<input type="checkbox"/> Not Competent	<input type="checkbox"/> Needing Further Review
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Name of Physician/Physician's Assistant/Nurse Practitioner:		Office Address, City, State, Zip Code:
License Number:	Telephone Number:	

Signature of Physician/Physician's Assistant/Nurse Practitioner	Date
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### Section IV – Applicants Signature

I certify that all information provided by me is complete and true to the best of my knowledge	Date
X Signature of Applicant	

## Merchant Marine Certification of Fitness for Entry Level Ratings

### Section V - Description of the requirements for Certificate of Fitness

Title 46 of the Code of Federal Regulations (CFR) requires that an applicant for **Entry Level Ratings** valid for service on a seagoing vessel of 200 or more gross register tons (GRT) (domestic tonnage) "Provide a document issued by a qualified medical practitioner attesting to the applicant's medical fitness to perform the functions for which the document is issued". The following is a list of activities the Applicant shall be physically able to perform:

For a vessel to be operated safely, it is essential that the crewmembers be physically fit and free of debilitating illness and injury. The seafaring life is arduous, often hazardous, and the availability of medical assistance or treatment is generally minimal. As the international trend toward smaller crews continues, the ability of each crewmember to perform his or her routine duties and respond to emergencies becomes even more critical.

All mariners should be capable of living and working in cramped spaces, frequently in adverse weather causing violent evolutions such as fire-fighting or launching lifeboats or life rafts. Members of the deck and engine department must be capable of physical labor, climbing, and handling moderate weights (from 30-60 pounds).

#### PRIVACY ACT STATEMENT

In accordance with 5 U. S. C. 552a(e)(3), THE FOLLOWING INFORMATION IS PROVIDED TO YOU WHEN SUPPLYING PERSONAL INFORMATION TO THE U.S. COAST GUARD.

1. AUTHORITY WHICH AUTHORIZED THE SOLICITATION OF INFORMATION 46 U. S. C. 7302, 7305, 7314, 7316, 7319, AND 7502 (SEE 46 CFR PART 12).
2. PRINCIPLE PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:
  - A. TO ESTABLISH ELIGIBILITY FOR A MERCHANT MARINER'S DOCUMENT ISSUED BY THE COAST GUARD.
  - B. TO ESTABLISH AND MAINTAIN A CONTINUOUS RECORD OF THE PERSON'S DOCUMENTATION TRANSACTIONS.
  - C. PART OF THE INFORMATION IS TRANSFERRED TO A FILE MANAGEMENT COMPUTER SYSTEM FOR A PERMANENT RECORD.
3. THE ROUTINE USES WHICH MAY BE MADE OF THE INFORMATION:
  - A. TO MAINTAIN RECORDS REQUIRED BY 46 U. S. C. 7319 AND 7502.
  - B. TO ENABLE ELIGIBLE PARTIES (*i.e. the mariner's heirs or properly designated representative*) TO OBTAIN INFORMATION.
  - C. TO PROVIDE INFORMATION TO THE U.S. MARITIME ADMINISTRATION FOR USE IN DEVELOPING MANPOWER STUDIES AND TRAINING BUDGET NEEDS.
  - D. TO DEVELOP INFORMATION AT THE REQUEST OF COMMITTEES OF CONGRESS.
  - E. TO PROJECT BILLET ASSIGNMENTS AT COAST GUARD MARINE INSPECTION/SAFETY OFFICES.
  - F. TO PROVIDE INFORMATION TO LAW ENFORCEMENT AGENCIES FOR CRIMINAL OR CIVIL LAW ENFORCEMENT PURPOSES.
  - G. TO ASSIST U.S. COAST GUARD INVESTIGATING OFFICERS AND ADMINISTRATIVE LAW JUDGES IN DETERMINING MISCONDUCT, CAUSES OF CASUALTIES, AND APPROPRIATE SUSPENSION AND REVOCATION ACTIONS.
4. WHETHER OR NOT DISCLOSURE OF SUCH INFORMATION IS MANDATORY OR VOLUNTARY (*Required by law or optional*) AND THE EFFECTS ON THE INDIVIDUAL, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION IS VOLUNTARY. DISCLOSURE OF THIS INFORMATION IS VOLUNTARY, BUT FAILURE TO PROVIDE MAY RESULT IN NON-ISSUANCE OF THE REQUESTED DOCUMENT(S).

"An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number."

"The Coast Guard estimates that the average burden for this report is 5 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (G-CIM), U. S. Coast Guard, 2100 2<sup>nd</sup> Street, SW, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (2115-0514), Washington, DC 20503."

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-719P (Rev 7/01 TEST)	<b>SAMHSA Periodic Drug Testing Form</b>	OMB-2115-0514  Page 1
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**INSTRUCTIONS:** (NOTE-The cost of the drug test is the sole responsibility of the Applicant.  
Do not send to the Coast Guard for payment.)

This form MAY be used to satisfy the requirements for "periodic drug testing" in accordance with 46 CFR 16.220. If you participate in a "random drug testing program" or "pre-employment testing" this form may NOT be necessary. (See page 2 for details).

**Section I – Applicant Consent**

I certify that I am the described applicant and that I have provided the specimen(s) described below in accordance with Substance Abuse and Mental Health Services Administration (SAMHSA) protocols outlined in 49 CFR 40.21, 40.23, and 46 CFR Part 16 SUBPART C. I also understand that making in any way, a false or fraudulent statement, entry, or evidence is a violation of the U.S Criminal Code at Title 18 U.S.C. 1001 which subjects the violator to federal prosecution and possible incarceration, fine, or both.

Name: (Last, First, Middle) of Applicant (Print or Type)

Social Security Number

X Signature of Applicant

Date

**Section II - SAMHSA Approved Laboratory Results**

ANALYSIS LABORATORY FACILITY INFORMATION:

Name:

Address:

Phone:

DATE SPECIMEN ANALYZED:

Specimen Analyzed For (DOT Panel 5):

- Marijuana metabolite
- Cocaine metabolites
- Opiates metabolites
- Phencyclidine
- Amphetamines

Has been Completed and the results are:  
(CIRCLE ONE)

Positive

Negative

**IMPORTANT NOTE:** Specimen(s) reported as POSITIVE indicate(s) dangerous drug(s) were detected by the screening process at or above the cutoff levels specified in 49 CFR 40.29. Positive reports are confirmed by a gas chromatography/mass spectrometry test.

**Section III – Medical Review Phase**

I certify that I meet the qualifications for Medical Review Authority as outlined in Title 49 CFR 40.33(b). I have reviewed the results and determined that the applicant is "DRUG FREE" in accordance with 49 CFR 40.29 and 40.33.

MEDICAL OFFICE INFORMATION:

MEDICAL REVIEW AUTHORITY:

Name:

Address:

Phone:

Name: (Printed)

Signature:

State License #:

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"The Coast Guard estimates that the average burden for this report is 5 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (G-CIM), U. S. Coast Guard, 2100 2<sup>nd</sup> Street, SW, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (2115-0514), Washington, DC 20503."



DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-719P (Rev 7/01 TEST)	<b>SAMHSA Periodic Drug Testing Form</b>	OMB-2115-0514  Page 2
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REQUIREMENTS	<ul style="list-style-type: none"> <li>● A drug test is required for all transactions EXCEPT endorsements and duplicates.</li> <li>● <b>ONLY a SAMHSA 5 Panel (formerly NIDA 5)</b>, testing for Marijuana, Cocaine, Opiates, Phencyclidine, and Amphetamines <b>will be accepted</b>.</li> </ul>
OPTION I  PERIODIC TESTING PROGRAM	<ul style="list-style-type: none"> <li>● A drug test conducted within the past 185 days by a Substance Abuse and Mental Health Services Administration (SAMHSA) laboratory certified by the Department of Health and Human Services.</li> <li>● COLLECTION of a urine sample may be conducted by an independent medical facility, private physician or at an employer-designated site as long as the physician meets the qualification requirements for a Medical Review Officer (MRO) in accordance with applicable law. It is CRITICAL that the sample is sent to an approved SAMHSA laboratory for ANALYSIS or the drug test is <u>invalid</u>. The SAMHSA approved laboratory list can be obtained at <a href="http://www.health.org/labs/index.htm">www.health.org/labs/index.htm</a> or you may speak with a SAMHSA customer service representative at (301) 443-6014 for specific laboratory or to request the list by mail or facsimile.</li> <li>● The ORIGINAL results are required. A FACSIMILE is acceptable, IF it is originated from the laboratory or Medical Review Officer (MRO) and sent directly to our office. The drug test must be signed and dated by the MEDICAL REVIEW OFFICER (MRO).</li> </ul>
OPTION II  RANDOM TESTING	<ul style="list-style-type: none"> <li>● An ORIGINAL <b>DATED</b> letter on marine employer stationary OR, for ACTIVE DUTY MILITARY MEMBERS an ORIGINAL letter from your command on command letterhead attesting to participation in random drug testing programs. <b>EXAMPLE (FROM MARINE EMPLOYERS):</b> APPLICANT'S NAME / SSN has been subject to a random testing program meeting the criteria of Title 46 CFR 16.230 for at least 60 days during the previous 185 days and has not failed nor refused to participate in a chemical test for dangerous drugs. <b>EXAMPLE (FROM MILITARY COMMANDS):</b> APPLICANT'S NAME / SSN has been subject to a random testing program and has never refused to participate in or failed a chemical drug test for dangerous drugs.</li> </ul>
OPTION III  PRE-EMPLOYMENT TESTING	<ul style="list-style-type: none"> <li>● A <b>DATED</b> letter on ORIGINAL company stationary signed by an approved company official, stating that you have passed a pre-employment chemical test for dangerous drugs within the past 185 days. <b>EXAMPLE:</b> APPLICANT'S NAME / SSN passed a chemical test for dangerous drugs, required under Title 46 CFR 16.210 within the previous six months of the date of this letter with no subsequent positive drug test results during the remainder of the six month period.</li> </ul>

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2. PRINCIPLE PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:
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  - E. TO PROJECT BILLET ASSIGNMENTS AT COAST GUARD MARINE INSPECTION/SAFETY OFFICES.
  - F. TO PROVIDE INFORMATION TO LAW ENFORCEMENT AGENCIES FOR CRIMINAL OR CIVIL LAW ENFORCEMENT PURPOSES.
  - G. TO ASSIST U.S. COAST GUARD INVESTIGATING OFFICERS AND ADMINISTRATIVE LAW JUDGES IN DETERMINING MISCONDUCT, CAUSES OF CASUALTIES, AND APPROPRIATE SUSPENSION AND REVOCATION ACTIONS.
4. WHETHER OR NOT DISCLOSURE OF SUCH INFORMATION IS MANDATORY OR VOLUNTARY (*Required by law or optional*) AND THE EFFECTS ON THE INDIVIDUAL, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION IS VOLUNTARY, DISCLOSURE OF THIS INFORMATION IS VOLUNTARY, BUT FAILURE TO PROVIDE MAY RESULT IN NON-ISSUANCE OF THE REQUESTED DOCUMENT(S).

## Camera Set-Up Form

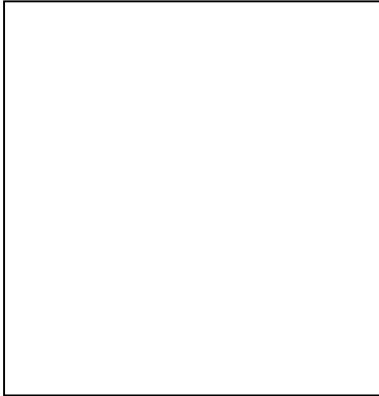
*(For Document Applicants Only)*

---

**Mariner's Name** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

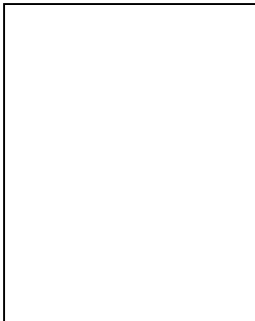
**Mariner's Picture**



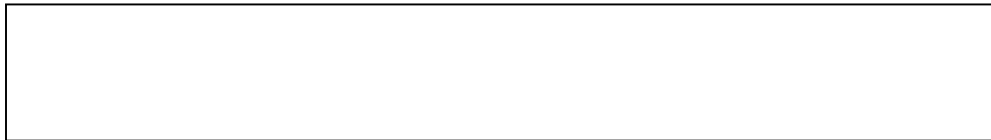
HELPFUL HINTS
<ol style="list-style-type: none"><li>1. Passport size photo</li><li>2. Full face, head uncovered (no hat)</li><li>3. No glasses</li><li>4. Photo must be taken within 1 year</li><li>5. Print mariner name and social security number on back of photo</li></ol>



**Mariner's Left Thumb Print**



**Mariner's Signature Here (Please sign your full signature using a medium to thick tipped black ink pen without touching any lines)**



**Name of Law Enforcement Agency** \_\_\_\_\_

**Signature** \_\_\_\_\_



## AUTHORIZATION FOR CREDIT CARD TRANSACTIONS

### REGIONAL EXAM CENTER

DATE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

CARDHOLDERS NAME: \_\_\_\_\_

CREDIT CARD NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EXPIRATION DATE:

--	--	--	--

AMOUNT OF CHARGE: \$ \_\_\_\_\_ TYPE OF CARD: ☐ Visa

*CHECK ONE*

☐ Master Card

CARDHOLDER SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

.....

DATE PROCESSED: \_\_\_\_\_ CASHIER'S INITIALS: \_\_\_\_\_ AUTHORIZATION NUMBER: \_\_\_\_\_